

#15: Most studies use PTOA to test the efficacy of a DMOAD. Should this also be tested in an aging model?

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Response/Recommendation: Yes. Some treatments show different efficacies across the two models, and animal species might contribute to this inconsistency. Thus, simultaneously testing DMOADs in trauma-induced and aging-associated OA models in the same animal species, male and female, is necessary before clinical trials to maximize the prediction power of preclinical models.

Level Of Evidence: Moderate

Rationale:

Osteoarthritis (OA) is well known as an aging-associated disease, and the majority of OA patients are older adults (typically over the age of 60) ¹. Therefore, the model for testing disease-modifying osteoarthritis drugs (DMOADs) should use aged animals. However, working with older animals can be both cost- and time-prohibitive. As a result, posttraumatic osteoarthritis (PTOA) in young animals currently dominates the landscape of preclinical DMOAD development. While these PTOA models induce rapid, reproducible structural changes, comparative studies have shown that the molecular and structural differences between PTOA and aging-associated OA (AOA) do not fully overlap. Key differences include changes in the subchondral bone and inflammatory signaling ². Other Questions in this consensus go into detail on this topic. The lack of FDA-approved DMOADs raises concerns about the reliability of the young PTOA animal model in predicting responses in human clinical trials. This review aimed to determine whether testing DMOADs in both PTOA and AOA is necessary.

PubMed and Scopus were searched for potentially eligible studies from data inception to January 2026. The search strategy included terms such as “animal osteoarthritis models,” “surgically induced osteoarthritis,” “age-related osteoarthritis,” and “disease-modifying osteoarthritis drugs (DMOADs)”. In our initial literature review, 691 records were retrieved, and two researchers independently screened the titles and abstracts of all 691 studies. 547 studies were then subjected to full-text review. Ultimately, a total of 48 studies were included in the review. After full-text screening, studies that lacked a valid comparison, either due to discrepant dosages or the absence of an intervention in one model, were excluded. Ultimately, a total of 48 were included in the review. The major findings from the same study or across studies are summarized in **Tables 1 & 2**, respectively.

Table 1. PTOA vs. AOA comparison in the same article.

Article	DMOADs	Animal species	Sex	PTOA Induction Method	Age of old animals	Conclusion from two models
³	Blockade of Sirt1 cleavage	C57BL/6J WT mice	F	DMM	17 months	Overall consistent
⁴	AAV5-kindlin-2	mice	N/A	DMM	24 months	Consistent

5	ESC-sEVs	C57BL/6J mice	M	ACLT	24 months	Consistent
6	Exofenadine and AACOCF3	C57BL/6J mice	N/A	DMM	24 months	Consistent
7	NE52-QQ57	C57BL/6J mice	M	DMM	24 months	Consistent
8	Nicotinamide riboside	C57BL/6J mice	M	MCL-MM	14 months	Consistent
9	LNP-FGF18 mRNA	C57BL/6J mice	N/A	DMM	24 months	Consistent
10	PGDHi	C57BL/6J mice	N/A	Tibia loading	24 to 28 months	Consistent

ACLT, Anterior Cruciate Ligament Transection; DMM, Destabilization of the Medial Meniscus; PTOA, Posttraumatic Osteoarthritis; MCL-MM, medial collateral ligament-medial meniscus; AOA, Age-Associated Osteoarthritis.

Table 2. PTOA vs. AOA comparison in different articles.

DMOADs	PTOA reference	Animal species	Sex	PTOA Induction Method	AOA reference	Animal species	Sex	Age of old animals	Conclusion from two OA models
Chondroitin sulfate	11	NZW Rabbits	M	ACLT + PMMT	12	Guinea pigs	F	18 months	Consistent
	13	NZW Rabbits	F	CCLT					
Metformin	14	SD rats	N/A	DMM	15	C57BL/6J mice	M	17 months	Consistent
Glucosamine	16	C57BL/6J mice		DMM					
	17	NZW Rabbits	M	ACLT					
	18	C57/BL6 mice	M	DMM					
	18	New NZW Rabbits	F	ACLT	12	Guinea pigs	F	18 months	Consistent
	11	NZW Rabbits	M	ACLT + PMMT					
	13	NZW Rabbits	F	CCLT					
	19	SD rats	M	ACLT					
	20	Rat	N/A	KTI					
Rapamycin	21	C57BL/6 mice		DMM					
	23	C57Bl/6 mice		DMM	22	Guinea pig	M	8 months	Inconsistent
	24	Db/db mice	M	MMTL + MCL					

Pharmacologic iron chelator DFO	²⁵	C57/B6 mice	N/A	MMTL + MCL	²⁶	Guinea pigs	N/A	30 weeks	Consistent
Bisphosphonate	²⁷	Beagles	N/A	ACLT	²⁸	Guinea pigs	M	9 months	Inconsistency
		C57BL/6 & FVB/NJ mice	M	Compressive loading					
	²⁹	C57BL/6 mice	N/A	Mechanical loading					
	³⁰	SD rats	N/A	MMx					
MSCs	³¹	SD rats		ACLT					
	³³	Ripollesa-Lacona breed	F	Condylar and meniscal injuries					
	³⁴	mature Japanese white rabbits	N/A	ACLT					
	³⁵	NZW Rabbits	M	Osteochondral defect	³²	Guinea pigs	M	10 months	Inconsistent
	³⁶	NZW Rabbits	N/A	ACLT					
	³⁷	Minipigs	F	Trochlear groove full-thickness cartilage injury					
	³⁸	Wistar rat	N/A	ACLT					
	³⁹	Horse	N/A	Osteochondral fragment					
Doxycycline	⁴⁰	C57BL/6 mice	M	ACLR	⁴¹	Guinea pigs	N/A	9-11 months	Overall consistent
	⁴²	SD rats	N/A	ACLR					
Icariin	⁴³	SD Rats	N/A	Full-thickness cartilage defect + early treadmill exercise	⁴⁴	Rabbit	N/A	D-galactose	Consistent
FGF18	⁴⁵	BALB/c mice	N/A	ACLT					
	⁴⁶	ICR mice	F	ACLT					
	⁴⁷	SD rats	M	DMM					
	⁴⁸	SD rats	F	TMJ partial discectomy	⁹	C57BL/6J mice	N/A	24 months	Consistent
	⁴⁹	SD rats	M	Meniscal tear procedure					

NZW Rabbits, New Zealand white rabbits; MMx, Medial Meniscectomy Surgery; KTI, Knee Triad Injury surgery

Most of the potential DMOADs, including metformin¹⁴, glucosamine^{11,18,20,50-53}, chondroitin sulfate^{11,52}, rapamycin^{24,54,55}, fibroblast growth factor 18^{9,28,45-49}, small-molecule inhibitor of 15-hydroxy prostaglandin dehydrogenase¹⁰, and mesenchymal stem cells (MSCs)^{31,34,36,38,39,56-58}, have been primarily evaluated in PTOA models. It was found that sometimes the same therapeutic agents show inconsistent efficacy when tested in AOA models—an observation exemplified by the conflicting results for rapamycin^{22,24,54,55}, bisphosphonates^{23,27,29,30,59}, and MSCs^{31,32,34,36,38,39,56-58} tested in PTOA and AOA models.

Given that not all listed DMOADs have been tested in PTOA and AOA using the same species, we had to evaluate results from studies using different species. Specifically, rapamycin^{24,54,55} and bisphosphonate²³ were shown to alleviate osteoarthritis in PTOA mice, as evidenced by reduced histological scores. Since we could not find relevant studies testing them on AOA mice, we compared these findings to a study using Dunkin-Hartley (DH) guinea pigs, which naturally develop progressive osteoarthritis. Interestingly, bisphosphonate demonstrated no disease-modifying effects in the DH guinea pigs⁵⁹, and rapamycin-induced hyperglycemia is associated with exacerbated AOA²². Given the inconsistent conclusions from different animal models, it remains unclear which animal species are best for predicting drug efficacy in humans.

It should be noted that even if the same therapeutic effects were observed, the extent of response to the treatments may differ. For example, in the aging OA model, SW033291 reduced the Sumit OARSI score of aged mice from ~25 to <10¹⁰. In contrast, the OARSI score decreased from ~25 to ~15 after SW03329 treatment.

In summary, while PTOA models are invaluable for testing therapies, researchers can determine whether a therapeutic candidate has the biological “stamina” to function in an aged human joint by integrating aging models into the preclinical workflow. This dual-model validation is particularly imperative for agents targeting conserved pathological pathways shared by traumatic and age-related OA, such as those modulating cellular senescence, chronic inflammation, and cartilage matrix homeostasis. Only through such cross-model validation can we account for model-specific variations in shared pathway activation and rigorously confirm the true efficacy and mechanistic consistency of DMOAD across distinct OA etiologies, a critical step to ensure preclinical findings are clinically translatable. In this process, the biological variables of the animals, in particular species and sex, need to be considered. Moreover, the molecular differences between PTOA and AOA have been documented. The presence of drug targets must be validated before testing DMOADs. Lastly, aging-associated OA can be spontaneous or induced by trauma. Research has shown that aged mice exhibit significantly greater cartilage degeneration and osteophyte formation compared to young mice following ACL rupture⁶⁰. Whether testing DMOADs in aged animals with PTOA is necessary requires further investigation. It should be noted that the findings can be limited because we were unable to include unpublished negative results, meaning that tested DMOADs showed no therapeutic effect.

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